

## Sixth Amendment to the IME Medicaid Enterprise POS System and POS Operations Contract

This Amendment to Contract Number MED-12-001-B is effective July 1, 2015, between the Iowa Department of Human Services (Agency) and Goold Health Systems, Inc (Contractor).

### Section 1: Amendment to Contract Language

The Contract is amended as follows:

**Revision 1:** Section 7.1, Payment Terms and Compensation, last paragraph which begins "Notwithstanding the above," is hereby deleted and replaced with the following:

Notwithstanding the above, for the Scope of Work set forth in Section 8.2.10, Contractor shall also be entitled to receive the following:

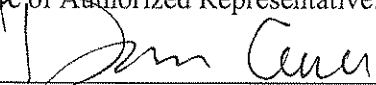
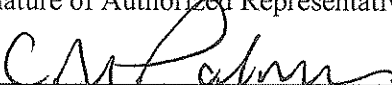
IHAWP Operations: Six (6) monthly payments of \$16,455.84 for services rendered January 2014 through June 2014. Twelve (12) monthly payments of \$13,720.34 for services rendered July 2014 through June 2015. Six (6) monthly payments of \$14,473.50 for services rendered July 2015 through December 2015.

### Section 2: Ratification and Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and this Amendment constitutes a legal, valid and binding obligation upon itself in accordance with its terms.

### Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

Contractor, Goold Health Systems, Inc	Agency, Iowa Department of Human Services
Signature of Authorized Representative: 	Signature of Authorized Representative: 
Printed Name: Denise Ceule	Printed Name: Charles M. Palmer
Title: Assistant Secretary	Title: Director
Date: 6/18/15	Date: 8-3-15